Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P95000051523**1. Corporation Name

Principal Place of Business

RELAX WITH MAX, INC.

3180 INVERRARY DR LAUDERHILL FL 33319 US		3980 inverrary dr Lauderhill fl 33319 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed				
						07/03/1995			
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				65-0593561			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.						\$8.7	5 Additional
22						5. Certificate of Status Desired		Fee	Required
City & State		City & State			6. Election Campaign Financing	۲٦		10 May Be	
23		28				Trust Fund Contribution		Adde	ed to Fees
Zip			Country	y		8. This corporation owes the current year Intangible			
24	25			T disorial ( toporty Tax)			Yes	□No	
	9. Name and Address of Curren	Registered Agent		T		10. Name and Address of New R	egistered A	Agent	
CCU	METTER CERALD C		81	N	Name				
	nitzer, gerald s e sunrise blvd suite 502		82 Street Ac			ddress (P.O. Box Number is Not Acceptable)			
		ļ <u>.</u>				4, 4,			
FIL	AUDERDALE FL 33304		83	•		,	-		`
			84	C	City			85 Z	ip Code
							<u>FL</u>	<u> </u>	ita magistaradi a
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of n familiar with, and accept the obligat	of Florida. Such change was autr	ionzea by	/ Ine	amed corpo e corporation	nation submits this statement for the n's board of directors. I hereby accep	t the appoin	tment as	registered
SIGNATURE		WOTE S	intered App	nt no	anatura roquirad	when reinstating)	DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	ant say	griature required	ADDITIONAL COLLANGED TO OFF	IOEDO AM	D DIREC	TORS IN 12
TILE	D	DELETE	1,1 TITLE		1	Schnitzer Ger 15 not an Office of director - Pr delete this in	alda	Chan	
NAME	T .		1.2 NAME			SCHILLER DECI	PF		
STREET ADDRESS	2455 E SUNRISE BLVD SUITE	502	1.3 STREE		DRESS	15 101 All OFF	Tence		İ
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TITLE			2.1 TITLE					Chan	ge Addition
NAME	OBERMAN, MAXINE		2.2 NAME				•	· :	
STREET ADDRESS	3980 INVERRARY BLVD.		2.3 STREE		DORESS	; ·		` -	. 1
CITY-ST-ZIP	FT. LAUDERDAL FL		2. 4 CITY-5	ST-Z	ZIP	•		:	
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NAME			3.2 NAME						
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TITLE		☐ DELETE	4.1 TITLE					Chan	ge
NAMÉ			4. 2 NAME	=					i
STREET ADDRESS			43 STREE	ET AD	ODRESS				Ì
CITY-ST-ZIP			4.4 CITY-5	ST-ZII	IP				
TITLE		☐ DELETE	5.1 TITLE					Chan	ge Addition
NAME			5.2 NAME			•			
STREET ADDRESS			5.3 STREE	ET AD	XORESS				
CITY-ST-ZIP			5.4 CITY- S	ST-ZII	IP				
TITLE		☐ DELETE	6.1 TITLE					☐ Chan	ge
NAME			6.2 NAME			•			}
-			6.3 STREE	ETAD	OORESS				

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90118 006 \*\*\*150.00